

Your details

Name: [REDACTED]

Organisation (if applicable):

Are you making a submission as?

- ☐ An organisation
- ☐ An individual medical practitioner
- ☐ Other registered health practitioner, please specify:
- ☒ Consumer/patient
- ☐ Other, please specify:
- ☐ Prefer not to say

Do you give permission to publish your submission?

- ☐ Yes, with my name
- ☒ Yes, without my name
- ☐ No, do not publish my submission

Feedback on the Consultation regulation impact statement

The Medical Board of Australia is consulting on three options to ensure late career doctors are able to keep providing safe care to their patients.

The details of the options for consideration are contained in the [consultation regulation impact statement](#).

1. Should all registered late career doctors (except those with non-practising registration) be required to have either a health check or fitness to practice assessment?

If not, on what evidence do you base your views?

Like all those who age, many of your faculties are in decline. This can range from eyesight, hearing, mobility and memory, etc. All of those faculties need to be in peak or near peak condition for any practitioner to give correct assessment of a patient's condition and corrective action. Poor eyesight, poor hearing, a decline in memory function, etc can have devastating outcomes for patients.

If elderly drivers are required to have annual medical examinations for their license retention, then annual medical examinations for practitioners should also be conducted as similar decline in a persons faculties that can stop a senior having a licence or at best have conditions placed upon them, then the same should be applied to practitioners. Should they not have the ability to see clearly, hear what is said clearly and have a good memory which is essential in any diagnosis, then a patient's diagnosis and outcome can be seriously jepodised.

2. If a health check or fitness to practise assessment is introduced for late career doctors, should the check commence at 70 years of age or another age?

Maybe the age should start before 70 years as some doctors can show early signs of decline in their various faculties. Machinery operators need to be at top medical fitness to safely do their job safely and also be safe to the public. Doctors deal with the public and need to be fully "fit" to do so.

3. Which of the following options do you agree will provide the best model? Which part of each model do you agree/not agree with and on what evidence do you base your views?

Option 1 Rely on existing guidance, including Good medical practice: a code of conduct for doctors in Australia (Status quo).

Option 2 Require a detailed health assessment of the 'fitness to practise' of doctors aged 70 years and older every three years for doctors from the age of 70 and annually for doctors from the age of 80.

These health assessments are undertaken by a specialist occupational and environmental physician and include an independent clinical assessment of the current and future capacity of the doctor to practise in their particular area of medicine.

Option 3 Require general health checks for late career doctors aged 70 years and older every three years for doctors from the age of 70 and annually for doctors from the age of 80.

The health check would be conducted by the late career doctor's regular GP, or other registered doctor when this is more appropriate, with some elements of the check able to be conducted by other health practitioners with relevant skills, e.g., hearing, vision, height, weight, blood pressure, etc.

Option 2 would be my choice by a long way.

4. Should all registered late career doctors (except those with non-practising registration) have a cognitive function screening that establishes a baseline for ongoing cognitive assessment?

If not, why not? On what evidence do you base your views?

My answer is "YES".

5. Should health checks/fitness to practice assessments be confidential between the late career doctor and their assessing/treating doctor/s and not shared with the Board?

Note: A late career doctor would need to declare in their annual registration renewal that they have completed the appropriate health check/fitness to practice assessment and, as they do now, declare whether they have an impairment that may detrimentally affect their ability to practise medicine safely.

The Board should be aware of ALL assessments so there is no chance that any oversight of reporting of any detrimental assessments are acted upon in the public's interest.

6. Do you think the Board should have a more active role in the health checks/fitness to practice assessments?

If yes, what should that role be?

The Board need to have an active role and ensure that ALL those requiring assessments actually take place and the Board is aware of ALL results and that none are missed.

Feedback on draft Registration standard: Health checks for late career doctors

This section asks for feedback on the Board's proposed registration standard: Health checks for late career doctors.

The Board has developed a draft Registration standard: health checks for late career doctors that would support option three. The draft registration standard is on page 68 of the CRIS.

7.1. Is the content and structure of the draft Registration standard: health checks for late career doctors helpful, clear, relevant, and workable?

Option 3 is not good enough and too many loopholes and checks and a doctor's own GP can not be guaranteed to give an independent assessment.

7.2. Is there anything missing that needs to be added to the draft registration standard?

7.3. Do you have any other comments on the draft registration standard?

You need some medical experience to determine if procedures are "watertight" and do exactly as the intention the assessments are in the best public / patient / interest.

Draft supporting documents and resources

This section asks for feedback on the draft documents and resources developed to support Option three - the health check model.

8. The Board has developed draft supporting documents and resources (page 72 of the CRIS). The materials are:

- C-1 Pre-consultation questionnaire that late career doctors would complete before their health check
- C-2 Health check examination guide – to be used by the examining/assessing/treating doctors during the health check
- C-3 Guidance for screening of cognitive function in late career doctors
- C-4 Health check confirmation certificate
- C-5 Flowchart identifying the stages of the health check.

The materials are on page 72 of the CRIS.

8.1. Are the proposed supporting documents and resources (Appendix C-1 to C-5) clear and relevant?

Can be confusing.

8.2. What changes would improve them?

8.3. Is the information required in the medical history (C-1) appropriate?

8.4. Are the proposed examinations and tools listed in the examination guide (C-2) appropriate?

8.5. Are there other resources needed to support the health checks?

An independent body overlooking all assessments to ensure that “self regulation” does not occur. Experience has shown that “self regulation” and not having independent verification has led to non compliance with the objectives and intent of the assessments or regulation, etc.